

Instructions for Obtaining

Safety Glasses

at The National Institutes of Health, Bethesda, Maryland

Initial (NEW) Request

NIH employees who are engaged in eye-hazardous occupations (as defined by the NIH Safety Glasses Policy of May 15, 1963, shown on reverse side of request form) will be furnished plain or prescription safety glasses by the Occupational Medical Service, Division of Safety. The employee must provide the prescription if required. NIH will pay for the glasses and carrying case furnished by the contract optician. The NIH will also pay charges for measuring, fitting, and subsequent lens replacement or repair performed by the contract optician. If an employee who has been issued safety glasses is separated from NIH, he may keep the glasses and case without charge.

Prescrip

The prescription must be written by an ophthalmologist or optometrist. No prescription over one year old will be accepted.

Your work requirements might require safety glasses that differ from off-the-job glasses. Please discuss your needs with the prescription writer so that adequate glasses may be specified. Clear glass lenses are normally supplied. Plastic lenses scratch easily and

will be furnished only for prescriptions having a total sphere and cylinder power above 4.00 D where glass lenses would pose a weight problem. Plastic, tinted, coated, photochromic lenses, clip-on sun shades, or didymium lenses will not be furnished unless specifically authorized by the Contract Project Officer.

Prepare the attached request form. Fill in Section A, and check "New" box. Have your supervisor (Section Chief or equal), sign the certification statement, Section B. If prescription glasses are needed, attach the prescription to the request form.

Handcarry the request form to the OMS Health Unit, Bldg. 13, Rm. G-901, for approval and measuring of lenses and frames. The Optician will be in the Health Unit every Thursday from 1 to 3pm. Normally, plain glasses will be ready for fitting 1-2 weeks following the initial measuring. Prescription glasses will be ready in approximately 3 weeks depending on the complexity of the prescription. You will be notified by telephone when to come in for fitting.

Repair or Replace

The request form may be used for obtaining repair or replacement of safety glasses which have been issued by NIH. Costs for repairs or replacement will be paid for by NIH. The employee must pay for the prescription if the repair or replacement involves prescription glasses.

Repair

Complete Section A, checking the "Repair" box. Under "Comments", describe the damage. If the repair involves replacement of one or both lenses a new prescription will be required if the prescription used to obtain the glasses is over one year old at the time of the request for repair.

Replace

The original frames, if still serviceable, will be used in a replacement due to a prescription change or a change from "plano" to prescription lenses. Fill in forms as in initial request, but check "Replacement" box.

If glasses are lost and a replacement pair is desired, check "Replacement" box, write "Lost" under "Comments", and attach a brief statement describing the circumstances of the loss. If the prescription used for obtaining the lost glasses is over one year old, a new prescription will be required.

Safety Glasses Policy	<p>Personnel who may normally be exposed to eye impact hazards during the course of employment at NIH are eligible to receive safety glasses. Prescription ground safety glasses will be provided, where required.</p> <p>In general, the following types of occupation are considered to embody eye impact hazards.</p> <p>a. Chemical laboratory - Scientific personnel who are working with explosive substances or equipment which may produce an eye impact hazard should wear safety glasses when working in or passing through the danger area.</p>	<p>b. Shops - All tradespeople such as carpenters, plumbers, instrument makers, electricians, sheet metal workers, automobile mechanics, etc., should wear safety glasses in the course of their duties.</p> <p>c. Nurses handling disturbed patients should wear safety glasses.</p> <p>d. Special - Any employee having vision in only one eye is automatically eligible for safety glasses.</p> <p>e. Other - Personnel not specified above who have frequent exposures to eye impact hazards.</p>
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Privacy Act Statement	<p>The Division of Safety, NIH, collects the information on this form in order to provide safety glasses to employees engaged in eye-hazardous occupation. Submission of the form is voluntary; however, the Division of Safety will not provide safety glasses without it.</p> <p>The information on this form is maintained under the authority of 5 U.S.C. 5901, 7902-3, and Section 509 of the Public Health Service Act (42 U.S.C. 227).</p>	<p>It is part of Privacy Act system of records number 09-25-0007. Except as specifically permitted by the Privacy Act, personal information on this form will not be disclosed outside this agency except (1) to a congressional office at your request or (2) to the Department of Justice if it is necessary to use the information in defending you, this agency, or the Government in a law suit.</p>
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Request for Safety Glasses

National Institutes of Health

Section A - Employee Information (To be completed by Employee)

A t t a c h P r e s c r i p t i o n H e r e	Name of Employee			Type of Eye Impact Hazard Occupation (Check one) <input type="checkbox"/> Chemical laboratory <input type="checkbox"/> Shop: Occupation _____ <input type="checkbox"/> Nursing Personnel handling disturbed patients <input type="checkbox"/> Special <input type="checkbox"/> Other (Describe hazards) _____ _____ _____ _____		
	Position					
	Inst. or Div.	Laboratory or Branch				
	Building	Room	Telephone			
	Type of Employee <input type="checkbox"/> Civil Service <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Commissioned Corps					
	Type of Glasses <input type="checkbox"/> Plain <input type="checkbox"/> Prescription	Prescription Date	Date of Request	Type of Order (Check one) <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Repair		

Comments

Section B - Certification (To be completed by Section Chief or equal)

This NIH employee is engaged in an occupation considered under NIH Safety Glasses Policy of May 15, 1963, to embody an eye hazard. **(See reverse side of this form)**

Signature of Supervisor	Date
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Section C - Approval (To be completed by Occupational Medical Service (OMS) at Health Unit, Bldg. 13, Room G-901)

Signature of OMS Representative	Date
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Section D - Contract Information (To be completed by Optician)

Note to Optician: Please discuss with the employee his/her work requirements so that adequate safety glasses may be provided. No prescription over one year old will be accepted. Glass lenses will be used except where glass lenses would pose a weight problem. Plastic lenses will be furnished only for prescriptions having a total sphere and cylinder power above 4.00 D. See **NOTE** on right side of this section for items which require specific authorization. Have the employee sign at the bottom of this section when glasses are delivered.

Contract Room Number		Note: These items will be furnished only if authorized by the Contract Project Officer. <input type="checkbox"/> Plastic lenses <input type="checkbox"/> Tinted lenses <input type="checkbox"/> Coated lenses <input type="checkbox"/> Photocromic lenses <input type="checkbox"/> Clip-on sun shades <input type="checkbox"/> Didymium lenses
Frame:		
Case:		
Lenses:		
Measured by	Date	
Fitted by	Date	
Signature of Employee (When glasses are received)		Signature of OMS Representative